Esophageal

Incidence and Mortality Summary					
	Male	Female Total			
Age-adjusted incidence rate per 100,000	9.5	5.9	7.5		
Total # of new cases # of new invasive cases # of new in-situ cases # of deaths	24 16 2 25	21 18 0 19	48 34 2 44		

	Total	Cases	and D	eaths	by Ward
Ward 1		9		4	_
Ward 2		3		3	
Ward 3		3		4	
Ward 4		6		7	
Ward 5		7		8	
Ward 6		7		7	
Ward 7		2		6	
Ward 8		7		5	
Unknow	'n	1		-	

Stage at Diagnosis

Distant 22.2%		Regional 33.3%
Unknown	In-situ	Local
20.0%	4.4%	20.0%

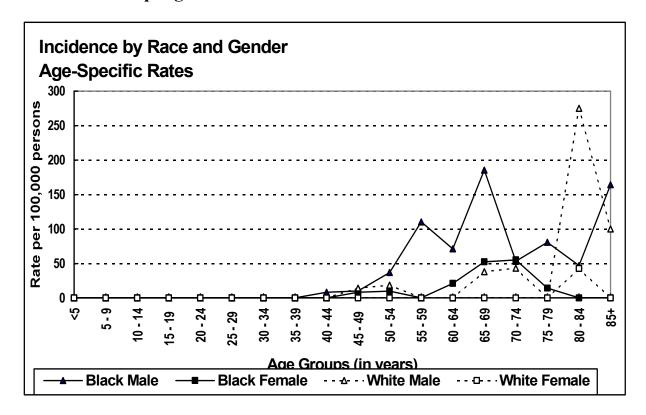
Risk and Associated Factors		
Age	Incidence of esophageal cancer is highest after age 75 generally, but peaked at 65-69 years in blacks nationally.	
Gender	Males have a higher rate than females at a rate of 3 to 1 or more.	
Race & SES*	National data show that African Americans are 2.5 times more affected than Caucasians.	
Other	Tobacco use, cigarettes or chewing tobacco and heavy alcohol consumption are major risk factors for cancer of the esophagus. The risk is particularly increased when these two factors are both present. Long standing inflammation from esophagitis is also thought to be contributory	

Special N	lotes	
95% confidence interval on the age-adjusted total inciden	nce rate: 7.5	(5.3 - 9.8)
Mean age-adjusted incidence rate across wards:		7.4
Median age-adjusted incidence rate of wards:		8.5
Range of age-adjusted incidence rates for wards: 9.2	(2.4 Ward 7	< 11.6 Ward 1)

No cases of esophageal cancer were diagnosed in persons less than 35 years of age. The age-specific incidence rates peaked in the age group 65-69 for males, and 80-84 for females overall. Black males had the highest mortality rate, over 7.5 times that of white males.

^{*}Socio-economic Status

Fig. 30: Age-Specific Incidence and Mortality Rates by Race and Gender Esophageal Cancer



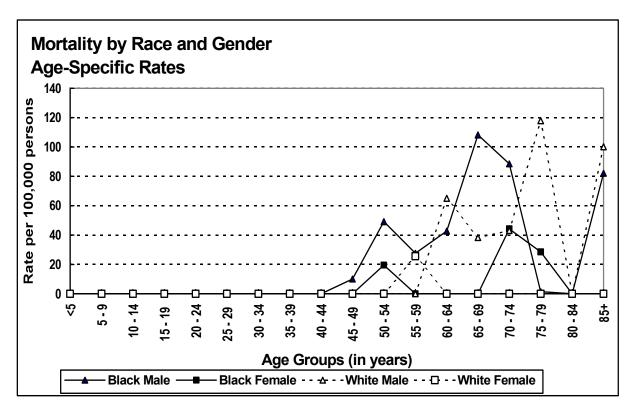
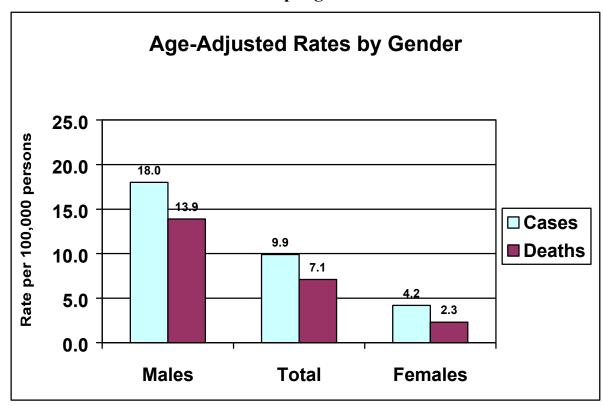


Fig. 31: 1996 Age-Adjusted Incidence and Mortality Rates for the District of Columbia – Esophageal Cancer



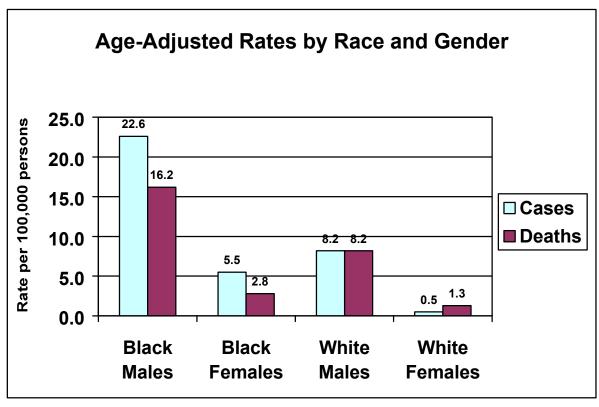
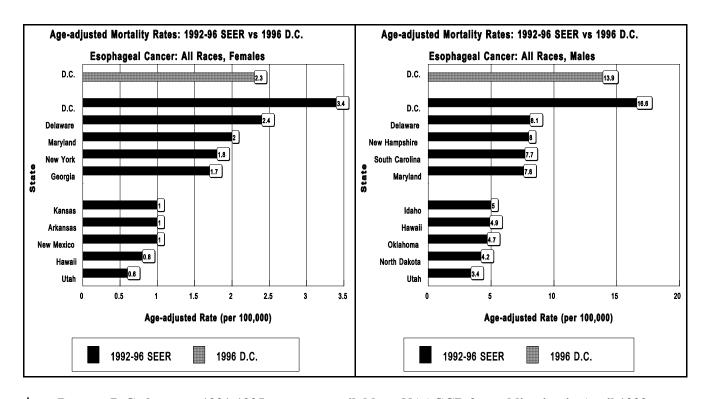


Figure 32: Comparison of the 1996 D.C. Cancer Incidence and Mortality Rates With the Highest 5 and Lowest 5 SEER (1992-96) Mortality and NAACCR (1991-95) *Cancer Incidence Rates



‡ Data on D.C. between 1991-1995 were not available to NAACCR for publication in April 1999.

